

STATE LOUISIANA

Agency*	Citation(s)	Groups Covered
N/A	435.326	10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
IV-A	435.340	11. Blind and disabled individuals who: a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria, and b. Were eligible as medically needy in December 1973 as blind or disabled, and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.
N/A	1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407)	12. Pregnant women who meet the applicable medically needy income levels specified in this plan under <u>Attachment 2.6-A</u> are determined eligible by a qualified provider during a presumptive eligibility period in accordance with Section 1920 of the Act.

*Superseded by
TN 91-23*

*. Agency that determines eligibility for coverage

TN NO. <u>90-23</u>	Approval Date <u>10/25/90</u>	Effective Date <u>7/1/90</u>
Supersedes <u>89-08</u>		
TN No. <u>89-08</u>		
STATE <u>Louisiana</u>	A	
DATE REC'D <u>9-28-90</u>		
DATE APPV'D <u>10-25-90</u>		
DATE EFF <u>7-1-90</u>		
HCFA 179 <u>90-23</u>		

State: LOUISIANA

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

☒

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

☒

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
 - b. Infants under one year of age.

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Supersedes
TN No. 87-24

Approval Date APR 02 1992

Effective Date OCT 01 1991

HCFA ID: 7983E

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APPV'D <u>APR 02 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-23</u>	

Revision: HCFA REGION VI
NOVEMBER 1991

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State: LOUISIANA

Agency*	Citation(s)	Groups Covered
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(RESERVED FOR FUTURE USE)

* Agency that determines eligibility for coverage.

TN NO. 92-02 Approval Date: 3/20/92 Effective Date: 1/1/92
Supersedes TN NO. None-New Page

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>2-19-92</u>	
DATE APPV'D <u>3-20-92</u>	
DATE EFF <u>1-1-92</u>	
HCFA 179 <u>92-02</u>	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB NO.: 0938-

State: LOUISIANA

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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Supersedes 89-03
TN No. 89-03

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Effective Date OCT 01 1991

HCFA ID: 7983E

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APPV'D <u>APR 02 1992</u>	
DATE EFF. <u>OCT 01 1991</u>	
HCFA 179 <u>91-23</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
XIX	1902(a)(47) and 1920 of the Act	<u>X</u> 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APPV'D <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

* Agency that determines eligibility for coverage.

TN No. 92-07
Supersedes 91-23
TN No. 91-23

Approval Date MAY 14 1992 Effective Date APR 01 1992

State/Territory: LOUISIANA

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of SIX (6) months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>12-30-91</u>	
DATE APPV'D <u>6-11-93</u>	
DATE EFF <u>1-1-91</u>	
HCFA 179 <u>91-29</u>	

TN No. 91-29

Supersedes

TN No. None 2/nd Page

Approval Date 6-11-93

Effective Date 1-1-91

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Agency *	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(continued)

1902(z)(1)
of the Act

X 20. Individuals -- not described in section 1902 (a)(10)(A)(i)

- a. who are infected with Tuberculosis (TB);
- b. whose income (as determined under the State plan under this title with respect to disabled individuals) does not exceed the maximum amount of income a disabled individual described in subsection (a)(10)(A)(i) may have and obtain medical assistance under the plan; and
- c. whose resources (as determined under the State plan under this title with respect to disabled individuals) do not exceed the maximum amount of resources a disabled individual described in subsection (a)(10)(A)(i) may have and obtain medical assistance under the plan.

STATE <u>Louisiana</u>	A
DATE REC'D <u>SEP 25 1995</u>	
DATE APP'D <u>JUN 24 1996</u>	
DATE EFF <u>AUG 8 1995</u>	
HCFA 179 <u>95-23</u>	

* Agency that determines eligibility for coverage.

Approval Date 6/24/96

Supersedes

TN No. None - New Page

Effective Date 8/1/95

TN No. 95-23

State: LOUISIANA

Citation

Groups Covered

B. Optional Coverage Other Than the
Medically Needy
(Continued)

1902(a)(10)(A)

X ~~19.21.~~ Optional Targeted
Low Income Children
who:

(ii)(XIV) of the Act

a. are not eligible
for Medicaid under
any other optional
or mandatory
eligibility group or
eligible as
medically needy
(without spenddown
liability);

b. would not be
eligible for
Medicaid under the
policies in the
State's Medicaid
plan as in effect on
April 15, 1997
(other than because
of the age expansion
provided for in
1902(1)(2)(D));

c. are not covered
under a group health
plan or other group
health insurance (as
such terms are
defined in 2791 of
the Public Health
Service Act
coverage) other than
under a health
insurance program in
operation before
July 1, 1997 offered
by a State which
receives no Federal
funds for the
program*;

d. have family income
at or below:

200 percent of the
Federal poverty
level for the size
family involved, as
revised annually in
the Federal

* Children must have been without
credible health insurance coverage
for three months unless good cause
exists.

STATE <u>Louisiana</u>	A
DATE RECD <u>8-4-98</u>	
DATE APPLD <u>10-27-98</u>	
DATE EFF <u>11-1-98</u>	
HCFA 179 <u>98-13</u>	

TN No. 98-13

Approval Date 10-27-98

Effective Date 11-1-98

Supersedes TN No.

~~SUPERSEDES NONE~~ ~~NEW PAGE~~

Citation

Groups Covered

Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 150 percent of the Federal poverty level.

— The following reasonable classifications of children described above who are under age 19 (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e)(12) of the Act

X 12/1. 22.

A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act

STATE Louisiana

DATE REC'D 6-30-99

DATE APP'D 9-22-99

DATE EFF 10-1-99

HCFA 179 99-08

12/1. 23.

Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet

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Supersedes

TN No. 98-13

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AUGUST 1991

ATTACHMENT 2.2-A
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OMB NO.: 0938-

State: LOUISIANA

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

XIX 42 CFR 35.301 This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
- 1902(e) of the Act 2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
- 1902(a)(10)(C)(ii)(I) of the Act 3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 97-16
Supersedes
TN No. 96-15

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STATE	<u>LA</u>	A
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DATE APP'D	<u>12-12-97</u>	
DATE EFF	<u>7-1-97</u>	
HCFA 179	<u>97-16</u>	